UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF WEST VIRGINIA



Shape Marcom			# 3484997	
		the full name of the plaintiff 11 this action).	(Inmate Re	eg. # of each Plaintiff)
			ACTION NO er to be assigned b	2: 20-cv - 00394 by Court)
Bel	5 Y2	Divideo Cabivii	.	
Do	siac	Ames	_	
Jd	no F	CAME	_	
		the full name of the defendant in this action)	-	
		COMPLA	LINT	
I.	Previ	ous Lawsuits		
	A.	Have you begun other lawsuits in sta facts involved in this action or other		
		Yes	No _X_	

B.		If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).			
		1.	Parties to this previous lawsuit:		
			Plaintiffs:		
			Defendants:		
		2.	Court (if federal court, name the district: if state court, name the county):		
		3.	Docket Number:		
		4.	Name of judge to whom case was assigned:		
		5.	Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?		
		6.	Approximate date of filing lawsuit:		
		7.	Approximate date of disposition:		

II.	Place	of Present Confinement: MT. Olive Correctional Complex		
	A. Is there a prisoner grievance procedure in this institution?			
		Yes No		
	В.	Did you present the facts relating to your complaint in the state prisoner grievance procedure?		
		Yes No		
	C.	If your answer is YES:		
		1. What steps did you take? I filed Ensures procedure		
		# 20-mocc-ST-63 on April 19, 2020		
		2. What was the result? I received the most incompetent		
	D.	response, the defendants blame the corona virus. This issue has taken place years before the corona virus. If your answer is NO, explain why not:		
III.	Partic	es		
	(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)			
	A.	Name of Plaintiff: Shape Marcon # 3484997		
		Address: Obe MT. Side way, MT. Olive WV, 25185		
	В.	Additional Plaintiff(s) and Address(es):		
		N A		

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

is employed as: West Virginia Division of Corrections

at Commissioner, 1409 Creenbrier St. Charleston (av. 2530)

D. Additional defendants: Donnie Ames is the coarden, And

Tohn Frame is the Warden of Scenity At the

MT. Olive Correctional Complex Jacobed at

ODE MT. Side WAY, MT. Olive WW. 25185

IV. Statement of Claim

State here as briefly as possible the <u>facts</u> of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

For Several mouths, Appx the past 28, the clerescials have ignored my request's, complaints due to my Religious weeds and Rights to have like, Access to a Religious land, Access to Religious material, Access to Religious material, Access to Religious land, Rights to a (12) day feast as my Religious requires (NOte): Ramadan participants get a (30) day meal advantage and a feast at the end - these named defendants only permit me (1) day.

IV. Statement of Claim (continued):

To being forced to support the Christian Religion by
Forcefully being required to take the Christian based

Poality OF Life Program For (18) months. Im being
Forced to practice my Religion in the "Christian Chapel"

At the MT. Olive Correctional Complex that completly

Contaminates my Religion / And practice. The complaints

The made have been grossly ignored; Also the grienance

procedures, the Could-19 Corona Virus has nothing to
do with this, this has been taking place for years.

V. Relief

<u>State briefly exactly what you want the court to do for you.</u> Make no legal arguments. Cite no cases or statutes.

I would like the court to Award me the following;
1). \$150,000 - For the Bross Deglect of my Rights
2). All my Religious Deeds of my faith met.
3). The Court to order ADU maistaid to policies to this
claim, And Force this Administration to Adhere to these
policies.
H). The Coort to hold defendants Acrosstable for
their participation in violating my Constitutional
Rights.

V.	Relief	(continued):
5),	For	the Coort to order AD ionestigator to MAINTAID
the	obs	enuence of these defendants once the Cont
ma	les p	toling on this complaint.
6),	For	the Coort to order the Defendants to pay All coort
cos	+, F.	ling feels, And All other expenses the east deems fit.
VII.	Couns	el
	A.	If someone other than a lawyer is assisting you in preparing this case, state the person's name:
		Charles & Lamp Jr. # 3546855
	В.	Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?
		Yes _X No
		If so, state the name(s) and address(es) of each lawyer contacted:
	T	do have Attorney Paul Strobel to Assist
	الا ل	when the time comes, to Address this issue,
	1	If not, state your reasons. Charleston, cour, 25301
	C.	Have you previously had a lawyer representing you in a civil action in this court?
		Yes NoX_

If so, state the law	wyer's	name and address:
Signed this	day of.	
	_	
	-	
		Signature of Plaintiff or Plaintiffs
I declare under penalty of perju	ry that	the foregoing is true and correct.
Executed on	1 20	020
S	5 her	re of Movant/Plaintiff
Signature of Attorney (if any)		

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IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

Shape Marcom	
Your full name	
v.	Civil Action No.:
Betsy Jivideo et al,	
Donnie Ames	
Joha Frame	
Enter above the full name of defendant(s)	in this action
Cert	tificate of Service
I, Shape Marcon	(your name here), appearing pro se, hereby certify
that I have served the foregoing	Action Complaint (title of document
being sent) upon the defendant(s) by depo	ositing true copies of the same in the United States mail,
postage prepaid, upon the following coun	sel of record for the defendant(s) on
2005 10 th 3030	(insert date here):
	*
(List name and address of counsel	for defendant(s))
	Show more # 3484997 (sign your name)